

Houston Area HIV Services Ryan White Planning Council
1310 Prairie Street, Suite 800, Houston, TX 77002
832 927-7926 telephone; <http://rwpchouston.org>

Memorandum

To: Members, Comprehensive HIV Planning Committee

Kenia Gallardo, Co-Chair	Kathryn Fergus	Evelio Salinas Escamilla*
Robert Sliepka, Co-Chair	Glen Hollis	Jose Serpa-Alvarez
Jay Bhowmick*	Kenneth Jones	Imran Shaikh
Johanna Castillo	Shital Patel	Steven Vargas*
Titan Capri	Beatriz E.X. Rivera	Georgina German
		Ronnie Galley

Email:

Members, Research, Data, & Implement. and Monitoring, Quality Assurance & Eval. Committees

Gloria Sierra, Co-Chair	Dominique Guinn	Paul “Conlee” Stone
Hongmei Wang	Eliot Davis	Reynauld White
Amber David	Jason Thomas	Herman Finley, Co-Chair
Bianca DeLeon	Jeffrey Meyer*	Mary Guidry, Co-Chair
Daisy Perez	Jill Jahns	Glen Hollis
Deneen Francis	Johnny Deal	Michael Ruggerio

* = Member of multiple committees

Copy:

Aryana Butler	Ama Williams	David Babb – email only
Tiffany Shepherd	Miyase Koksai-Ayhan	Janice Burns – email only
Marlene McNeese	Mauricia Chatman	G. Hollingsworth – email
Sha’Terra Johnson	Oscar Perez	Algernon Moorhead
Diane Beck	Beth Allen	

From: Tori Williams, Ryan White Office of Support

Date: Tuesday, October 22, 2024

Re: Meeting Reminder

Please note that there will be a special meeting of the Comprehensive HIV Planning, Research and Data, and Monitoring and Evaluation Committees in order to review and endorse the 2024 Houston Area HIV Epidemiological Supplement, see enclosed DRAFT copy. Details are as follows:

Joint Comprehensive HIV Planning Committee, Research, Data & Implementation Committee and Monitoring, Quality Assurance, & Evaluation Committee Meeting

NOTE UNUSUAL DAY & TIME: 4:00 pm, Monday, October 28, 2024 – **Virtual Only**

Join Zoom Meeting by clicking on this link:

<https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09>

Meeting ID: 893 3021 9598

Passcode: 253271

Or, call 346 248-7799

In-person location: Bering Church, 1440 Harold St., Houston, TX 77006. Please park and enter the building from the parking lot behind the church on Hawthorne Street.

Please contact Rod to RSVP, even if you cannot attend. Rod can be reached by telephone at 832 927-7926 or by email at: Rodriga.Avila@harriscountytexas.gov. Thank you!

Houston Area HIV Services Ryan White Planning Council

Joint Meeting of the Comprehensive HIV Planning, Research, Data & Evaluation, and the Monitoring, Quality Assurance and Evaluation Committees 4:00 pm, Monday, October 28, 2024

Please note that the use of artificial intelligence (AI) is prohibited at Ryan White sponsored meetings.

Join Zoom Meeting by clicking on this link:

<https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHI6SzRRNG12VndnR21YUT09>

Meeting ID: 893 3021 9598 Passcode: 253271 To join via telephone call: (346) 248-7799

In-person location: Bering Church, 1440 Harold Street, Houston, TX 77006. Please park and enter the building from behind the church on Hawthorne Street.

AGENDA

- I. Reminder Regarding the Joint Meeting Process Tori Williams
- II. Call to Order
 - A. Welcoming Remarks and Moment of Reflection Kenia Gallardo, *She/Her/Hers*, and
 - B. Adoption of the Agenda Robert Sliepka, *Him/His/They*
 - C. Adoption of the Minutes Co-Chairs
- III. Public Comment and Announcements
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.)
- IV. Updates on Committee Projects
 - A. 2024 Houston Area HIV Epidemiological Supplement Beth Allen
 - B. 2024 Houston Area HIV Prevention and Care Needs Assessment Tori Williams
- V. Updates on 2022-2026 EHE/Integrated HIV Prevention and Care Plan Tori Williams
 - A. EHE/Integrated HIV Prevention and Care Planning Body
- VI. Next Meeting: November 14, 2024 to endorse the 2024 Needs Assessment
- VII. Announcements
- VIII. Adjourn

Documentation of Progress for the Research, Data & Implementation and the
Monitoring, Quality Assurance & Evaluation Committees

4:00 p.m., Monday, October 28, 2024

NEXT MEETING DATE: _____

SUMMARY OF MEETING (over if more space is needed):

DECISIONS MADE & TASK ASSIGNMENTS:

Submitted by: _____
Aryana Butler or Ama Williams, Staff

Date: _____

Houston Area HIV Services Ryan White Planning Council

**Joint Meeting of the Comprehensive HIV Planning,
Integrated Plan Research, Data & Evaluation, and the Integrated Plan
Monitoring, Quality Assurance and Evaluation Committees**

2:00 pm, Thursday, September 12, 2024

Meeting Location: Bering Church 1440 Harold St, Houston, TX 77006 and Zoom teleconference

Minutes

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT	IP COMMITTEES MEMBERS PRESENT
Robert Sliepka, Co-Chair	Jay Bhowmick**, excused	Bianca Deleon
Titan Capri	Johanna Castillo, excused	Ms. Dee Francis
Kathryn Fergus	Kenia Gallardo	Jeffrey Meyer
Kenneth Jones	Glen Hollis**	Michael Ruggerio
Shital Patel	Beatriz E.X. Rivera, excused	
Steven Vargas**	Evelio Salinas Escamilla**	
<i>Ronnie Galley</i>	Jose Serpa-Alvarez, excused	
<i>Gina German</i>	Imran Shaikh, excused	OTHERS PRESENT
		Josh Mica, he/him/él, RWPC Chair
		Sha’Terra Johnson, TRG
		Tori Williams, Office of Support
		Diane Beck, Office of Support

** Comprehensive HIV Planning and Integrated Plan committee members

Call to Order: Robert Sliepka Co-Chair, called the meeting to order at 2:32 p.m. and asked for a moment of reflection.

Adoption of Agenda: *Motion #1:* *it was moved and seconded (Vargas, Galley) to adopt the agenda. Motion carried.*

Approval of the Minutes: *Motion #2:* *it was moved and seconded (Galley, Capri) to approve the July 11, 2024 minutes. Motion carried.* Abstentions: Patel.

Public Comment: None.

Updates on Committee Projects

Houston EMA/HSDA HIV Needs Assessment: Williams said that the document was being written and should have it in time for the 2025 planning process.

Houston EMA/HSDA Epidemiological Supplement and Profile: Williams said that the 2024 Epidemiological Supplement will include a comparison to previous years which should provide great information. The City of Houston really appreciates this. A full epi profile will be completed next year.

EHE/Integrated HIV Prevention & Care Planning Body: See attached Summary of July 2024 activities for all committees and workgroups. Most of the Committees and Workgroups were not able to meet in July due to the hurricane. Some have yet to meet like the Respond Committee; we are hoping to get someone from the city to present on molecular surveillance. The City has hired an Ending the Epidemic Coordinator – Corey Garrett. Williams will meet with him next week.

Announcements: Next week, Vargas will be presenting in Fort Worth on HIV and Aging Awareness Day. Patel said they are doing a train-the-trainers on social determinants of health and trauma informed care, she will forward the information for distribution to the committee.

Adjournment: Motion: *it was moved and seconded (Vargas, Capri) to adjourn the meeting at 2:53 p.m. Motion Carried.*

Submitted by:

Approved by:

Tori Williams, Office of Support Date

Chair of Committee Date

JA = Just arrived at meeting
 LM = Left the meeting
 C = Chaired the meeting

2024 Voting Record for Meeting Date September 12, 2024

MEMBERS	Motion #1: Agenda Motion Carried				Motion #2: Minutes Motion Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Robert Sliepka, Co-Chair				C				C
Kenia Gallardo, Co-Chair	X				X			
Jay Bhowmick	X				X			
Titan Capri		X				X		
Johanna Castillo	X				X			
Kathryn Fergus ja 2:39	X				X			
Glen Hollis	X				X			
Kenneth Jones	X				X			
Shital Patel		X						X
Beatriz E.X. Rivera	X				X			
Evelio Salinas Escamilla	X				X			
Jose Serpa-Alvarez	X				X			
Imran Shaikh	X				X			
Steven Vargas		X				X		
<i>Ronnie Galley</i>		X				X		
<i>Gina German</i>	X				X			



HIV in the Houston Area

2024 Epidemiologic Supplement for
HIV Prevention and Care Services Planning

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**Houston Area Ryan
White Planning
Council**



**Houston Health
Department**

Disclaimer

This document is a supplement to and should be used in conjunction with the *2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning*. (December 2019). This document contains data on selected epidemiological measures of HIV disease for the jurisdictions of Houston/Harris County, the Houston Eligible Metropolitan Area (EMA) and the Houston Health Services Delivery Area (HSDA) for the reporting period of January 1 to December 31, 2022 (unless otherwise noted). It is intended for use in HIV prevention and care services planning conducted in years 2024-2025. The separation of jurisdictions in the data presentation is intended to enhance the utility of this document as a tool for planning both HIV prevention and HIV care services. The *2019 Epidemiologic Profile* should be referenced for a comprehensive discussion of data pertaining to the epidemiological questions outlined in joint guidance from the Centers for Disease Control and Prevention and the Health Resources and Services Administration. More recent data may have become available since the time of publication.

Funding acknowledgment

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Suggested citation

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Acknowledgments

The development of this document was overseen by the Ryan White Planning Council and HIV Prevention Community Planning Group.

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Ryan White Grant Administration/Harris County Public Health Department

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Special thanks to the HIV surveillance team at the Houston Health Department (HHD):

Hafeez Rehman, Jeffrey Meyer, Maha Al-Selwadi, Safina Hsu, Paloma Ortega, Raoul Garcia, Veronica Anderson, Juan Gonzalez, Jr., Denise Guzman, Mayra Serrato, Andrea Diarte

EXECUTIVE SUMMARY

Local communities use data on patterns of HIV, or HIV epidemiology, to better understand the portion of the population diagnosed and living with HIV. Understanding this helps local communities make informed decisions about HIV funding, services, and quality.

This document is a supplement to *HIV in the Houston Area: The 2019 Houston Area Integrated Epidemiologic Profile for HIV Prevention and Care Services Planning* (2019) and provides updated data on core HIV indicators used in local planning. It includes data on 2022 HIV diagnoses and cumulative prevalence data for people living with HIV (PLWH), for three local geographic jurisdictions: (1) Harris County and Houston, its county seat; (2) the Houston Eligible Metropolitan Area (EMA), encompassing Harris, Chambers, Fort Bend, Liberty, Montgomery, and Waller counties; and (3) the Houston Health Services Delivery Area (HSDA), which adds Austin, Colorado, Walker, and Wharton counties. Each area is represented in the report by the abbreviations H/HC, EMA, and HSDA, respectively, in the top left corner of each page. A summary of key data appears in the text and graph (Figure 1) below:

- In 2022, 1,413 new diagnoses of HIV were reported in the Houston EMA, a 5% decrease from 2021 (2021 total = 1,346). At the time of diagnosis, 90% resided in Houston/Harris County.
- At the end of calendar year 2022, there were 33,397 diagnosed people living with HIV in the Houston EMA, a 5% increase from 2021 (2021 total = 31,816). In 2022, 91% of PLWH who lived in the EMA resided in Houston/Harris County.

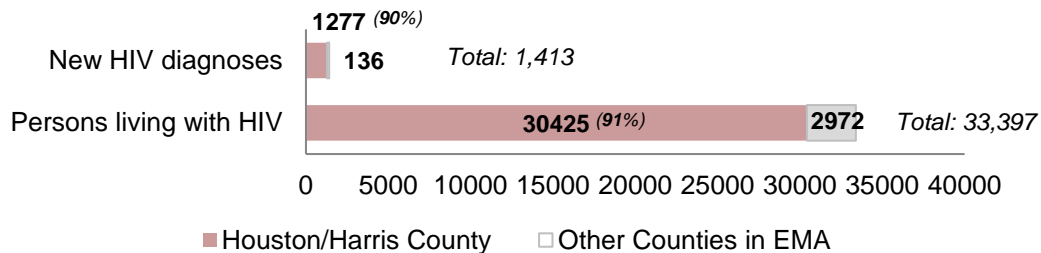


Figure 1. Number of New HIV Diagnoses and People Living with HIV in the Houston EMA, by County, 2022 (Note. New HIV diagnoses were made in people living in the Houston EMA from January 1, 2022, through December 31, 2022. People living with HIV were counted at the end of the 2022 calendar year. Source. Texas Enhanced HIV and AIDS Reporting System [eHARS] data as of December 22, 2022.)

- In both Houston/Harris County and the Houston EMA, the rates of new HIV diagnoses and prevalence continue to exceed rates both for Texas and the United States. The rate of new HIV diagnoses in Houston/Harris County is more than twice the rate for the country.
- Compared to the general population in the Houston EMA, the PLWH population is disproportionately male, predominantly African American, and 35 to 44 years of age. Among new HIV diagnoses, the largest proportion by age group is younger, ages 25 to 34.
- Among 33,397 HIV-diagnosed individuals in the Houston EMA in 2022, 76.4% had received care (at least one CD4/viral load test in the year); 55.2% were retained in HIV care (at least two CD4/viral load tests in the year, at least three months apart); and 62.2% maintained or reached viral load suppression (≤ 200 copies/mL).

COMPARISON OF LOCAL, STATE, AND NATIONAL HIV RATES

A comparison of core HIV epidemiological indicators between the two Houston area jurisdictions (Houston/Harris County and the Houston EMA), the State of Texas, and the U.S. provides context for the local HIV burden data described in this document (Figure 2).

Overall, both Houston/Harris County and the Houston EMA have higher rates of new HIV diagnoses and HIV prevalence (or PLWH per 100,000 population) than both Texas and the U.S. This indicates that the HIV burden in the Houston area is greater than the state and the nation, even when adjusted for population size. In 2022, the Houston EMA had the highest new HIV diagnoses of any EMA/Transitional Grant Areas in Texas, according to epidemiological data provided by the Texas Department of State Health Services (TDSHS).

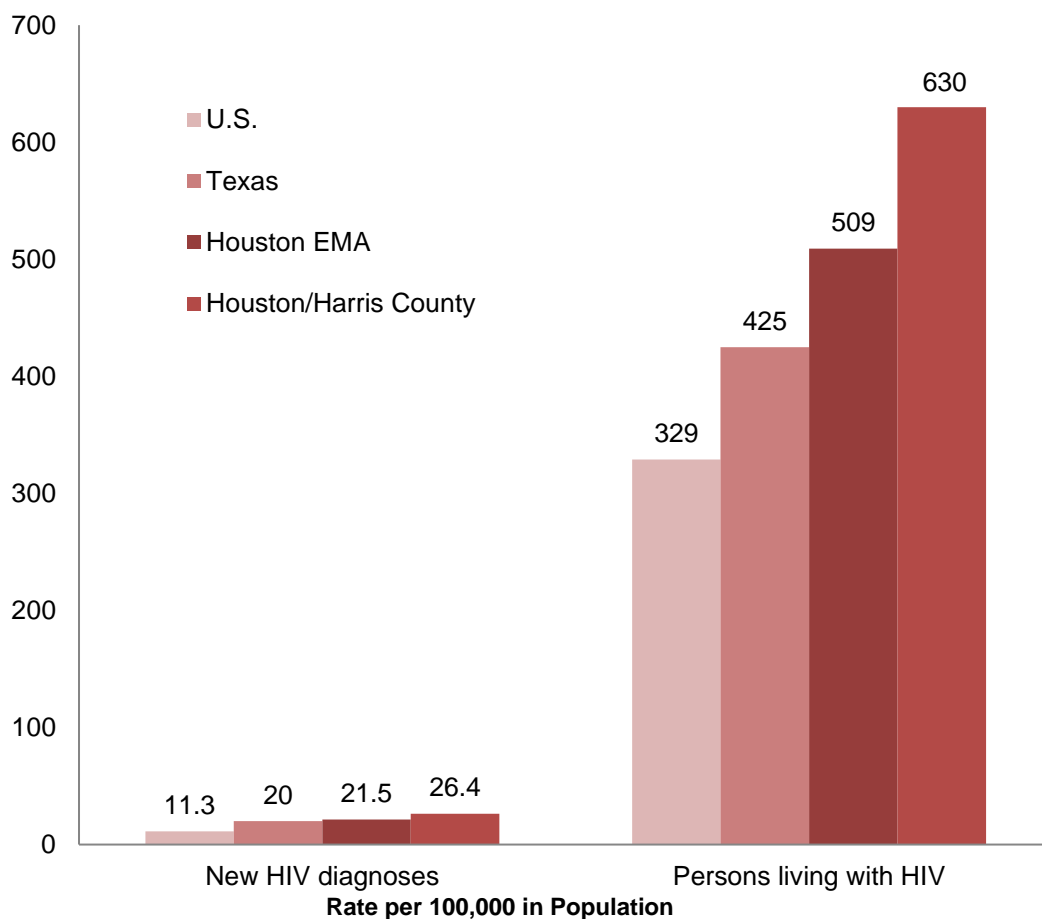


Figure 2. Rate of New HIV Diagnoses and of People Living with HIV for the U.S., Texas, and Houston Area Jurisdictions. (Sources: United States—Centers for Disease Control and Prevention, *HIV Surveillance Report: Diagnoses, Deaths, and Prevalence of HIV in the United States and Six Territories and Freely Associated States*, 2022, Atlanta, 2024; Texas—AIDSvu, *Rates of New Diagnoses and Persons Living with HIV*, 2022, Emory University School of Public Health, 2024; Houston EMA— *HIV Prevalence, 2022*, Texas Department of State Health Services, Texas Enhanced HIV and AIDS Reporting System [eHARS], 2024; Houston/Harris County—*Diagnoses, 2022, and Prevalence, 2022*, eHARS, 2024.)

NEW HIV DIAGNOSES IN HOUSTON/HARRIS COUNTY

In 2022, 1,277 new diagnoses of HIV disease (including stage 3 HIV/formerly AIDS) were reported in Houston/Harris County (H/HC), an 8% increase from 2021 (2021 total = 1,182). The rate of new HIV and stage 3 HIV diagnoses in Houston/Harris County increased from 24.9 to 26.4, while the rate of stage 3 HIV was approximately 6 new diagnoses for every 100,000 residents. When compared to 2021, increases in new HIV rates occurred among both gender groups, white, Hispanic/Latinx, and people 25 to 44 years of age.

Proportionally, Hispanic/Latinx made up the majority of new HIV diagnoses in 2022 at 46%, followed by Black/African Americans at 37%. Male-to-male sexual contact or MSM accounted for the most transmission risk at 72%, followed by Sex with male/Sex with female (formerly heterosexual) at 20%.

Table 1. New Diagnoses of HIV and Stage 3 HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2022

Characteristics	New HIV ^a			New stage 3 HIV		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
Total	1,277	100.0	26.4	287	100.0	5.9
Sex assigned at Birth						
Male	1,045	81.8	43.5	235	81.9	9.8
Female	232	18.2	9.6	52	18.1	2.1
Race/Ethnicity						
Black/African American, not Hispanic	468	36.6	52.0	100	34.8	11.1
White, not Hispanic	166	13.0	13.1	37	12.9	2.9
Hispanic/Latino	585	45.8	27.2	141	49.1	6.6
Other/Multiracial	58	4.5	11.4	9	3.1	1.8
Age at Diagnosis^b						
0 - 24	246	19.3	14.4	27	9.4	1.6
25 - 34	536	42.0	72.5	101	35.2	13.7
35 - 44	260	20.4	37.1	68	23.7	9.7
45 - 54	129	10.1	21.5	43	15.0	7.2
55 - 64	84	6.6	16.5	36	12.5	7.1
65+	22	1.7	3.9	12	4.2	2.1
Transmission Risk^c						
Male-to-male sexual contact (MSM)	915.1	71.83	—	188.1	65.5	—
Person who injects drugs (PWID)	71.8	5.64	—	21	7.3	—
MSM/PWID	32.1	2.52	—	7.8	2.7	—
Sex with male/Sex with female	255	20.02	—	70.1	24.4	—

Note. Rates are per 100,000 population.

Sources. Case data collected from Texas eHARS and analyzed by the Houston Health Department. Population data for Harris County from U.S. Census Bureau, American Community Survey, 2022: ACS 1-Year Estimates, and data for the collection of blocks representing the area of Houston outside Harris County from U.S. Census Bureau, Decennial Census, 2020.

^a People diagnosed with HIV, regardless of stage 3 HIV status, with residence at diagnosis in Houston/Harris County.

^b Age group 0–12 years old was combined with group 13–24 years old because 0–12 years' category had fewer than five cases and could not be reported.

^c People with no risk reported were recategorized into standard categories using the multiple imputation program of the Centers for Disease Control and Prevention. Population data are not available for risk groups; therefore, it is impossible to calculate rate by risk. A dash represents the absence of a rate. Data for "Perinatal," "Adult other," and "Pediatric other" transmission were not reported because some cells had fewer than five cases.

PEOPLE LIVING WITH HIV IN HOUSTON/HARRIS COUNTY

Data on the total number of people living with HIV (PLWH) in Houston/Harris County is available as of the end of calendar year 2022. At that time, there were 30,425 PLWH (regardless of progression) in Houston/Harris County. This is a prevalence rate of 630 PLWH for every 100,000 people in the jurisdiction.

Of those living with HIV in Houston/Harris County, 77% are male, 47% are Black/African Americans, 76% are people ages 35 and older, and 62% report MSM as their primary transmission risk.

Table 2. People Living with HIV in Houston/Harris County by Sex assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2022

	Cases ^a		Rate
	<i>n</i>	%	
Total	30,425	100.0	629.9
Sex assigned at Birth			
Male	23,418	77.0	973.8
Female	7,007	23.0	288.9
Race/Ethnicity			
Black/African American, not Hispanic	14,389	47.3	1597.5
White, not Hispanic	4,429	14.6	348.6
Hispanic/Latino	9,885	32.5	459.9
Other/Multiracial	1,722	5.7	338.0
Age^b			
0 - 24	1,138	3.7	66.5
25 - 34	6,240	20.5	844.4
35 - 44	7,116	23.4	1014.4
45 - 54	6,798	22.3	1134.0
55 - 64	6,195	20.4	1213.3
65+	2,938	9.7	517.8
Transmission Risk^c			
Male-to-male sexual contact (MSM)	18,788.2	62.4	—
Person who injects drugs (PWID)	1,951	6.5	—
MSM/PWID	1,127	3.7	—
Sex with male/Sex with female	8,238.8	27.4	—
Perinatal transmission	256	0.8	—
Other adult risk	13	0.04	—

Note. Rates are per 100,000 population.

Sources. Case data collected from Texas eHARS and analyzed by the Houston Health Department. Population data for Harris County from U.S. Census Bureau, American Community Survey, 2022: ACS 1-Year Estimates, and data for the collection of blocks representing the area of Houston outside Harris County from U.S. Census Bureau, Decennial Census, 2020.

^a People living with HIV, regardless of stage 3 HIV status.

^b Age as of December 31, 2022.

^c People with no risk reported were recategorized into standard categories using the multiple imputation or risk program of the Centers for Disease Control and Prevention. Perinatal transmission doesn't include perinatal exposure with HIV age 13+ years.

Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk. A dash represents the absence of a rate.

NEW HIV DIAGNOSES IN THE HOUSTON EMA

In 2022, 1,413 new HIV diagnoses were reported in the Houston EMA, a 5% increase from 2021 (Table 3). New HIV diagnoses for every 100,000 people in the Houston EMA increased from 20.9 in 2021 to 21.5 in 2022. Though in 2021 African Americans had the highest proportion of new HIV diagnoses (45.7%) in the EMA, in 2022 the Hispanic population took that position (43.5%), and African Americans ranked second (36.9%). In 2021 and 2022, transmission was most often attributed to male-to-male sexual contact, accounting for more than 70% of transmission in each year. Heterosexual contact accounted for about 20% in those same years.

Table 3. New Diagnoses of HIV in the Six-County Houston EMA by Sex Assigned at Birth, Race/Ethnicity, Age at Diagnosis, and Transmission Risk, 2021 and 2022

Characteristics	2021			2022		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
Total	1,346	100.0	20.9	1,413	100.0	21.5
Sex Assigned at Birth						
Female	253	18.8	7.8	271	19.2	8.2
Male	1,093	81.2	34.0	1,142	80.8	35.0
Race/Ethnicity						
Black/African American, not Hispanic	615	45.7	53.4	521	36.9	44.0
Hispanic/Latino	512	38.0	20.1	615	43.5	23.5
White, not Hispanic	153	11.4	7.3	211	14.9	10.2
Multiracial	43	3.2	44.3	34	2.4	33.4
Other	23	1.7	4.1	32	2.3	5.5
Age at Diagnosis^a						
0–24	316	23.5	13.8	276	19.5	11.9
25–34	503	37.4	53.7	584	41.3	61.6
35–44	240	17.8	25.6	281	19.9	29.4
45–54	153	11.4	18.7	152	10.8	18.2
55–64	94	7.0	13.4	93	6.6	13.2
65+	40	3.0	5.3	27	1.9	3.4
Transmission Risk^b						
Male-to-male sexual contact (MSM)	964	71.7	—	1,003	71.2	—
Person who injects drugs (PWID)	78	5.8	—	79	5.6	—
MSM/PWID	35	2.6	—	36	2.6	—
Sex with male/Sex with female	268	19.9	—	291	20.7	—

Note. Rates are per 100,000 population. Data are suppressed by TDSHS when cells have fewer than five cases. Because of the rounding of estimates, numbers and percentages may not equal column totals or 100%. EMA, Eligible Metropolitan Area; TDSHS, Texas Department of State Health Services.

Source. TDSHS, HIV/STD Surveillance Unit, July 2024. Rates were calculated using U.S. Census Bureau, American Community Survey, 2021 and 2022 five-year estimates for the EMA.

^a Age groups 0–12 years and 13–24 years were combined because some cells had fewer than five cases.

...a for "Perinatal," "Adult other," and "Pediatric other" transmission were not reported because some cells had fewer than five cases. Population data are not available for risk groups; therefore, it is impossible to calculate rate by risk. A dash represents the absence of a rate.

PEOPLE LIVING WITH HIV IN THE HOUSTON EMA

At the end of calendar year 2022, 33,397 people were living with HIV (PLWH) in the Houston EMA, a 5% increase from 2021 (Table 4). HIV prevalence also rose in 2022 to 508.8 people living with HIV (PLWH) for every 100,000 people in the Houston EMA, up from 494.4 in 2021. In EMA race/ethnicity categories, African Americans were the group with the highest proportion of PLWH in 2022 (47.2%), followed by Hispanic PLWH (31.6%). In 2021 and 2022, male-to-male sexual contact accounted for more than 60% of transmission risk.

Table 4. People Living with HIV in the Six-County Houston EMA by Sex Assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2021 and 2022

Characteristics	2021			2022		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
Total	31,816	100.0	494.4	33,397	100.0	508.8
Sex Assigned at Birth						
Female	7,673	24.1	237.6	7,923	23.7	240.3
Male	24,143	75.9	752.8	25,474	76.3	779.7
Race/Ethnicity						
Black/African American, not Hispanic	15,214	47.8	1316.3	15,773	47.2	1332.4
Hispanic/Latina, Latino	9,809	30.8	387.0	10,539	31.6	403.1
White, not Hispanic	5,088	16.0	242.9	5,210	15.6	250.7
Multiracial	1,231	3.9	1376.0	1,376	4.1	1351.6
Other	474	1.5	81.1	499	1.5	85.2
Age^a						
0–24	1,255	3.9	55.2	1,267	3.8	54.4
25–34	6,445	20.3	693.3	6,779	20.3	714.5
35–44	7,311	23.0	781.1	7,754	23.2	810.6
45–54	7,317	23.0	894.0	7,491	22.4	898.6
55–64	6,670	21.0	948.5	6,853	20.5	971.4
65+	2,818	8.9	371.7	3,253	9.7	410.7
Transmission Risk^b						
Male-to-male sexual contact	19,127	62.7	—	20,439	63.8	—
Persons using injectable drugs	2,382	7.8	—	2,388	7.5	—
Sex with male/Sex with female	8,676	28.4	—	8,921	27.8	—
Pediatric	330	1.1	—	290	0.9	—

Note. Rate, or prevalence, is per 100,000 people in the EMA. Data are suppressed by TDSHS when cells have fewer than five cases. Because of rounding and suppression of small case sizes, numbers and percentages may not equal column totals or 100%. EMA, Eligible Metropolitan Area; TDSHS, Texas Department of State Health Services.

Source. HIV/STD Surveillance Unit, TDSHS, July 2024, and American Community Survey, 5-year Estimates for EMA counties.

^a Age groups 0–12 years and 13–24 years were combined because some cells had fewer than five cases.

^b Data not always available for all groups. Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk. A dash represents the absence of a rate.

COMPARISON OF THE HOUSTON EMA POPULATION TO THE POPULATION WITH HIV

Sex Assigned at Birth. In 2022, the Houston EMA population was divided equally between males and females measured by sex assigned at birth (Figure 3); however, males were more than four times more likely than females to be newly diagnosed with HIV (80.8% vs. 19.2%) and more than three times more likely to be living with HIV (76.3% vs. 23.7%). (See notes on p. 10 for Figures 3–5.)

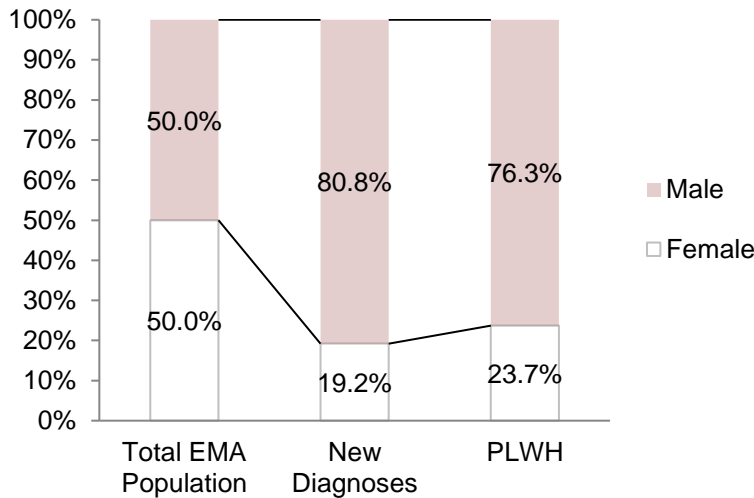


Figure 3. Comparison of Total Population in the Houston EMA to People with HIV by Sex Assigned at Birth, 2022. The general population of the six-county EMA was equally split between men and women, but men were four times more likely to be newly diagnosed and three times more likely to be living with HIV than were women.

Race/Ethnicity. In 2022, the Hispanic population outpaced all other groups in the New Diagnoses category by having 43.5% of new diagnoses (Figure 4), but African Americans maintained the largest contingent in the PLWH category (47.2%).

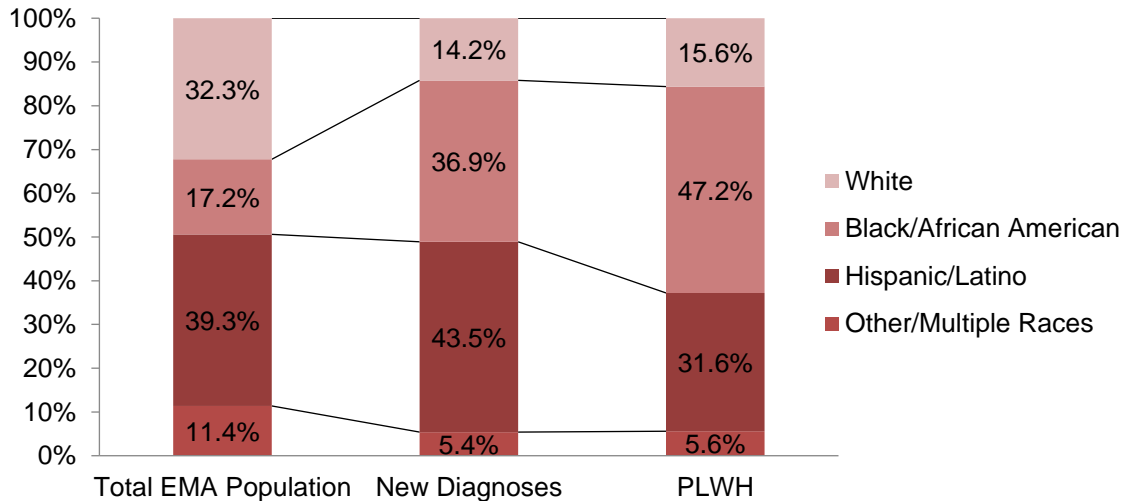


Figure 4. Comparison of Total Population in the Houston EMA to People with HIV by Race and Ethnicity, 2022. The general population of the six-county EMA was most likely to be Hispanic as was the newly diagnosed HIV population. However, in the PLWH category, African Americans were at 47.2% the largest subgroup.

Age. People ages 25 to 34 accounted for a much larger proportion of new HIV diagnoses in 2022 (41.3%) than their share of the Houston EMA population (14.7%) (Figure 5). Similarly, people ages 55 to 64 living with HIV (20.5%) represented almost twice the proportion of people their age living in the general population (10.9%).

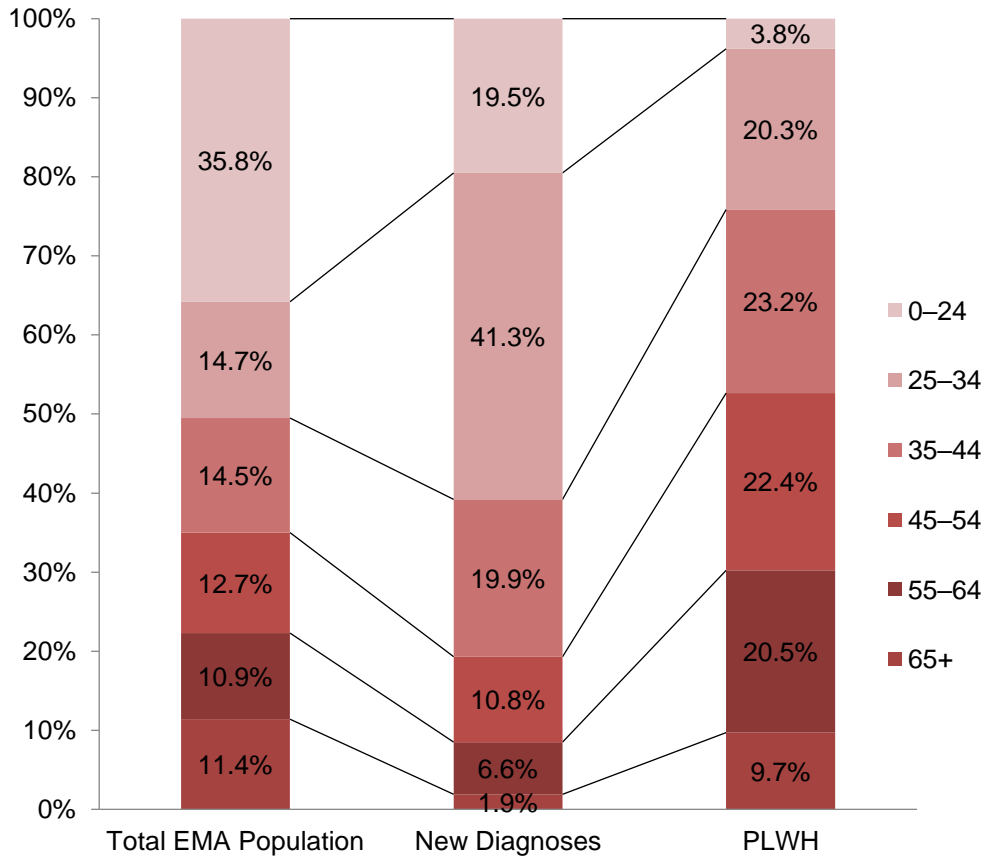


Figure 5. Comparison of Total Population in the Houston EMA to People with HIV by Age, 2022. The general population of the six-county EMA was more likely to be young than the HIV groups: more than a third were 24 years old or younger (35.8%), and the median age for the six counties ranged from 28.7 to 37.4 years of age. More than 60% of new diagnoses were made in the two youngest age groups, which in the EMA made up only 50% of the general population. In contrast, the two oldest subgroups of the PLWH made up 30.2% of its population, whereas comparison values were 22.3% in the EMA and only 8.5% in the group newly diagnosed.

Note. New diagnoses were made January 1, 2022, through December 31, 2022. PLWH EMA data current as of December 31, 2022. Due to underreporting, transgender people are included in data by sex assigned at birth. Abbreviations: EMA, Eligible Metropolitan Area; PLWH, people living with HIV. *Source.* EMA population—U.S. Census Bureau, American Community Survey, 2022: ACS 5-Year Estimates Data Profiles; HIV populations—Texas Department of State Health Services, Texas Enhanced HIV and AIDS Reporting System data.

THE HOUSTON EMA HIV CARE CONTINUUM

The Houston EMA HIV Care Continuum (Figure 6) depicts the number and percentage of PLWH in the six counties of the EMA at each stage of HIV care, from the total diagnosed with HIV to those whose disease is virally suppressed. Stakeholders in HIV care and education use this benchmark analysis to measure the extent to which PLWH have community-wide access to care and to identify potential service gaps. The methodology follows the Center for Disease Control and Prevention definition for a diagnosis-based HIV care continuum.

Among 33,397 HIV-diagnosed individuals in the Houston EMA in 2022, 76% had received care (at least one CD4 or viral load test in 2022); 55% were retained in HIV care (at least two CD4 or viral load tests in year, at least three months apart); and 62% reached viral load suppression (had ≤ 200 copies/mL at the most recent test during 2022). Overall, 69% were identified as being on antiretroviral therapy.

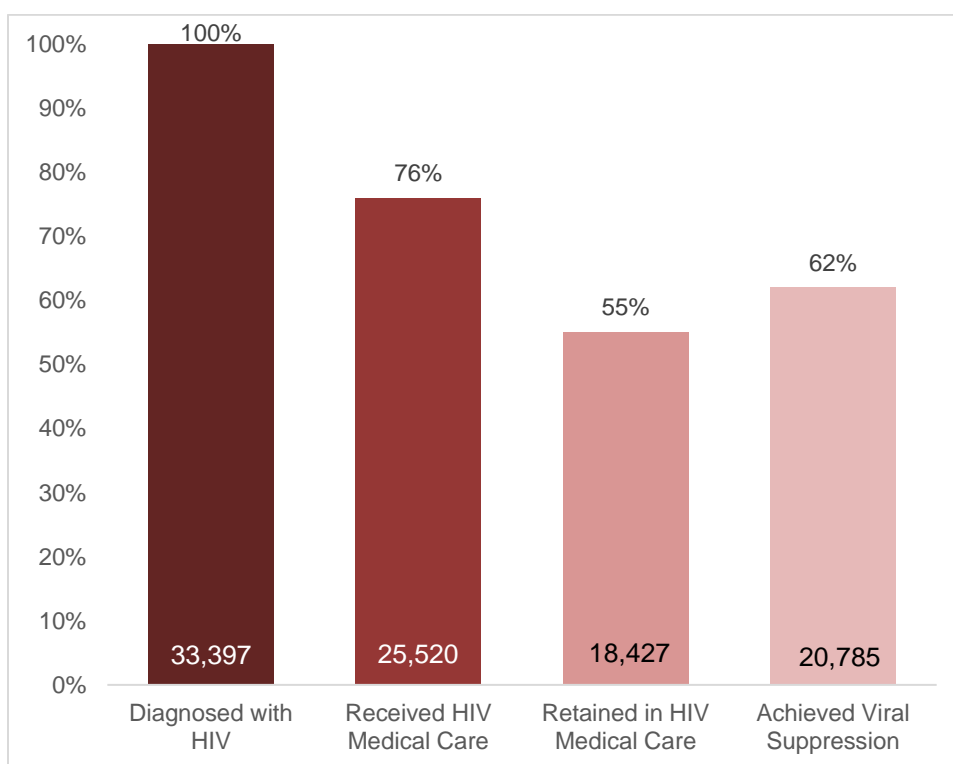


Figure 6. The Six-County Houston EMA HIV Care Continuum, 2022. Four essential measures in the methodology of the Centers for Disease Control and Prevention's HIV Care Continuum are based on being diagnosed, receiving HIV medical care, being retained in such care, and having clinical evidence of viral suppression. Diagnosed patients are identified as receiving care when they have a care visit documented by a CD4 or viral load measure in 2022 and having been retained in care by documented CD4 or viral load measures at two visits in 2022 that are 90 or more days apart. *Viral suppression* is defined as having a viral load value of ≤ 200 copies/mL at the most recent test in 2022. Data for linking to care, which measures those receiving an HIV diagnosis within 30 days having one or more documented CD4 or viral load tests, are not available. (Source: Texas Department of State Health Services [TDSHS] HIV Unmet Need Project, including data from the Texas Enhanced HIV AIDS Reporting System, TDSHS Electronic Laboratory Reporting, AIDS Regional Information and Evaluation System, AIDS Drug Assistance Program, and Medicaid and private payer data.)

NEW HIV DIAGNOSES IN THE HOUSTON HSDA

New HIV diagnoses increased by about 5% between 2021 and 2022 in the 10-county Houston HSDA (Table 5). Males constituted about 80% of the newly diagnosed population in both 2021 and 2022, and those diagnosed were in 2022 more likely to be Hispanic than any other race or ethnicity. Most often, those diagnosed were 25 to 34 years of age, and transmission was most likely to occur between men having sex with men.

Table 5. New Diagnoses of HIV in the 10-County Houston HSDA by Sex Assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2021 and 2022

Characteristics	2021			2022		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
Total	1,360	100.0	20.5	1,427	100.0	21.2
Sex Assigned at Birth						
Female	256	18.8	7.7	272	19.1	8.1
Male	1,104	81.2	33.4	1,155	80.9	34.4
Race/Ethnicity						
White, not Hispanic	160	11.8	7.4	217	15.2	10.0
Black/African American, not Hispanic	616	45.3	52.2	525	36.8	43.3
Hispanic/Latin	516	37.9	19.8	619	43.4	23.2
Other	24	1.8	4.2	32	2.2	5.4
Multiracial	44	3.2	44.4	34	2.4	32.7
Age at Diagnosis^a						
0–24	318	23.4	13.5	281	19.7	11.8
25–34	508	37.4	53.0	587	41.1	60.5
35–44	246	18.1	25.6	284	19.9	29.0
45–54	154	11.3	18.3	154	10.8	18.0
55–64	94	6.9	13.0	94	6.6	12.9
65+	40	2.9	5.1	27	1.9	3.3
Transmission Risk^b						
Male-to-male sexual contact (MSM)	974	71.7	—	1,014	71.3	—
Person who injects drugs (PWID)	79	5.8	—	79	5.6	—
MSM/PWID	35	2.6	—	37	2.6	—
Sex with male/Sex with female	271	19.9	—	293	20.6	—

Note. Rate, or prevalence, is per 100,000 people in the HSDA population. Data are suppressed by TDSHS when cells have fewer than five cases. Because of rounding and suppression of small case sizes, numbers and percentages may not equal column totals or 100%. HSDA, Health Service Delivery Area; TDSHS, Texas Department of State Health Services.

Source. TDSHS, HIV/STD Surveillance Unit, July 2024, and U.S. Census Bureau, American Community Survey, 2021, and 2022 5-year Estimates for HSDA counties.

^a Age groups 0–12 years and 13–24 years were combined because in the 0–12 years category, some cells had fewer than five cases.

^b Data for “Perinatal,” “Adult other,” and “Pediatric other” transmission were not reported because some cells had fewer than five cases. Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk. A dash represents absence of a rate.

PEOPLE LIVING WITH HIV IN THE HOUSTON HSDA

In 2021 and 2022, PLWH in the Houston HSDA were about three times more likely to be men than women and more likely to be African American (47%–48%) than Hispanic (31%–32%), White (16%), a member of any other racial or ethnic group, or multiracial. The largest age groups in the HSDA and EMA are the same—35–44 and 45–54 years—and the highest transmission risk—through male-to-male sexual contact—is the same. Prevalence rose in every category except in the multiracial group and in the youngest age group, which was also true in the Houston EMA for the same years.

Table 6. People Living with a Diagnosis of HIV in the 10-County Houston HSDA by Sex Assigned at Birth, Race/Ethnicity, Age, and Transmission Risk, 2021 and 2022

Characteristics	2021			2022		
	Cases		Rate	Cases		Rate
	<i>n</i>	%		<i>n</i>	%	
Total	32,118	100.0	486.2	33,705	100.0	500.4
Sex Assigned at Birth						
Female	7,772	24.2	234.9	8,019	23.8	237.5
Male	24,346	75.8	737.9	25,686	76.2	764.5
Race/Ethnicity						
Black/African American, not Hispanic	15,332	47.7	1294.8	15,890	47.1	1311.3
Hispanic/Latinx	9,878	30.8	382.5	10,609	31.5	398.4
White, not Hispanic	5,188	16.2	237.4	5,316	15.8	245.0
Other	474	1.5	80.8	499	1.5	84.9
Multiracial	1,246	3.9	1364.0	1,391	4.1	1339.3
Age^a						
0–24	1,268	3.9	54.4	1,283	3.8	53.8
25–34	6,501	20.2	683.2	6,833	20.3	704.1
35–44	7,376	23.0	770.6	7,817	23.2	798.9
45–54	7,397	23.0	881.5	7,574	22.5	886.6
55–64	6,731	21.0	929.3	6,916	20.5	951.9
65+	2,845	8.9	361.3	3,282	9.7	399.2
Transmission Risk^b						
Male-to-male sexual contact	19,270	62.6	—	20,591	63.7	—
People who Inject drugs	2,414	7.8	—	2,425	7.5	—
Men who have sex with women	2,371	7.7	—	2,389	7.4	—
Women who have sex with men	6,405	20.8	—	6,624	20.5	—
Pediatric	337	1.1	—	296	0.9	—

Note. Rate, or prevalence, is *n* per 100,000 people in the HSDA. Data are suppressed by TDSHS when cells have fewer than five cases. Because of rounding, numbers and percentages may not equal column totals or 100%. HSDA, Health Services Delivery Area; TDSHS, Texas Department of State Health Services.

Source. TDSHS, HIV/STD Surveillance Unit, July 2024, and U.S. Census Bureau, American Community Survey, 2021, and 2022 5-year Estimates for HSDA counties.

^a Age groups 0–12 years and 13–24 years were combined because some cells in the 0–12 years category had fewer than five cases.

^b Data for “Adult other” and “Pediatric other” were not reported because some cells had fewer than five cases. Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk.

THE HOUSTON HSDA HIV CARE CONTINUUM

The Houston HSDA HIV Care Continuum (Figure 7) depicts the number and percentage of PLWH in the 10 counties of the HSDA at each stage of HIV care during 2022, from being diagnosed with HIV to viral suppression. Stakeholders in HIV care, prevention, and education use this benchmark analysis to measure the extent to which PLWH have community-wide access to care and to identify potential service gaps.

Among 33,705 individuals with HIV living in the Houston HSDA in 2022, 76% had received care (at least one CD4 or viral load test in 2022); 55% were retained in HIV care (at least two CD4 or viral load tests in the year, at least three months apart); and 62% reached viral load suppression (had ≤ 200 copies/mL at the most recent test during 2022). The 2022 values for a subset—12,762 in care in Ryan White clinics—were higher: 93% received HIV care, 76% were retained in care, and 76.8% achieved viral suppression, according to the Ryan White Grant Administration in 2024.

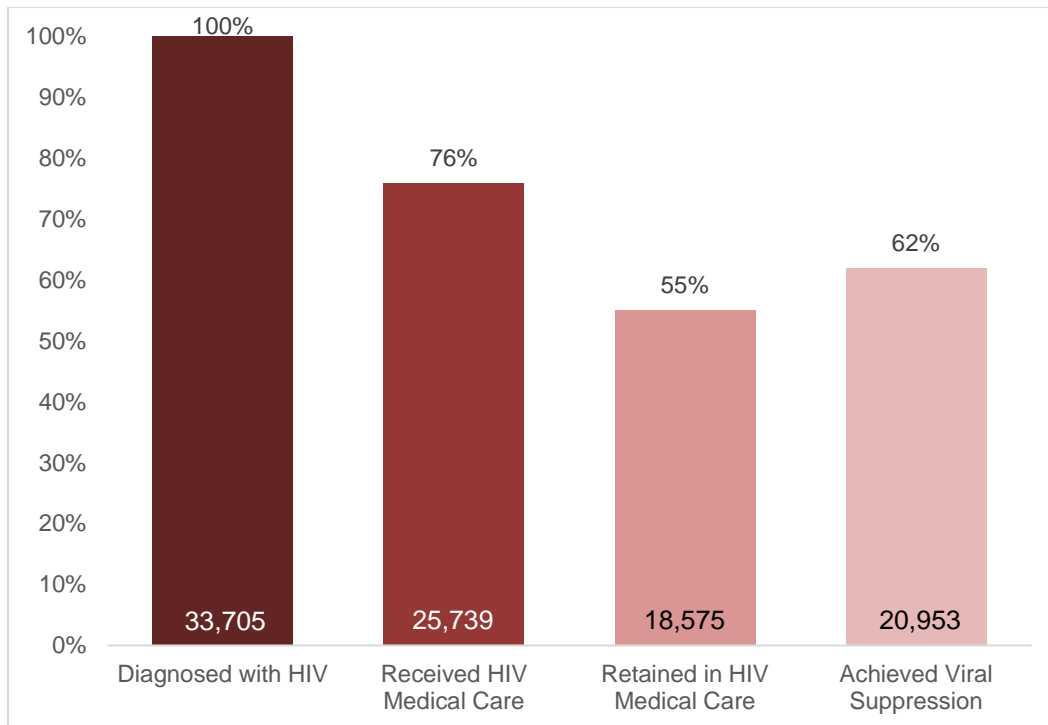


Figure 7. The 10-County Houston HSDA HIV Care Continuum, 2022. Four essential measures in the methodology of the Centers for Disease Control and Prevention’s HIV Care Continuum are based on being diagnosed, receiving HIV medical care, being retained in such care, and having clinical evidence of viral suppression. Diagnosed patients are identified as receiving care when they have a care visit documented by a CD4 or viral load measure in 2022 and having been retained in care by documented CD4 or viral load measures at two visits in 2022 that are 90 or more days apart. *Viral suppression* is defined as having a viral load value of ≤ 200 copies/mL at the most recent test in 2022. Data for linking to care, which measures those receiving an HIV diagnosis within 30 days having one or more documented CD4 or viral load tests, are not available. (Source: Texas Department of State Health Services [TDSHS] HIV Unmet Need Project, including data from the Texas Enhanced HIV AIDS Reporting System, TDSHS Electronic Laboratory Reporting, AIDS Regional Information and Evaluation System, AIDS Drug Assistance Program, and Medicaid and private payer data.)